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## TELEFAX

Date: December 5, 2005

Total pages: 13 (w/fax cover)

To: USPTO

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Telefax: 571 273 8300

From: Patrea L. Pabst

Telephone: 404-879-2151

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Our Docket No. CSI 112 CON

Your Docket No.

Client/Matter No. 077044-00013

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### MESSAGE:

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Joseph D. Gresser, Debra J. Trantolo, Robert S. Langer, Kai-Uwe Lewandrowski, Alexander M. Klibanov, and Donald L. Wise

Serial No.: 09/785,593

Art Unit: 3738

Filed: February 16, 2001

Examiner: Paul B. Prebilio

For: *RESORBABLE INTERBODY SPINAL FUSION DEVICES*

### Attachments:

Transmittal Form PTO/SB/21;

Fee Transmittal PTO/SB/17;

Petition for Revival of an Application Abandoned Unintentionally Under 37 C.F.R. 1.137(b);

Request for Continued Examination; and

Amendment and Response

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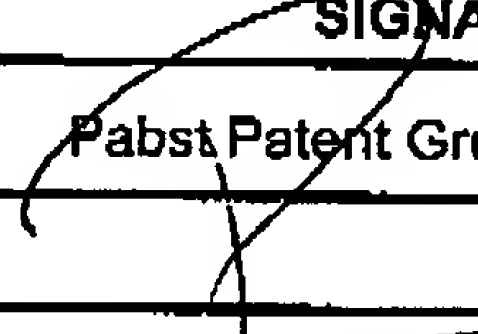
PTO/SB/21 (09-04)

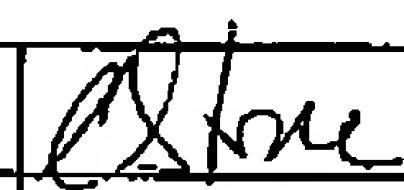
Approved for use through 07/31/2008. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/785,593	
	Filing Date	February 16, 2001	
	First Named Inventor	Joseph D. Gresser	
	Art Unit	3738	
	Examiner Name	Paul B. Prebilio	
Total Number of Pages in This Submission	12	Attorney Docket Number	CSI 112 CON

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination Transmittal
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Pabst Patent Group LLP		
Signature			
Printed name	Patrea L. Pabst		
Date	December 5, 2005	Reg. No.	31,284

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Carla Stone	Date	December 5, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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NO. 6284 P. 3

PTO/SB/17 (12-04)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# **FEE TRANSMITTAL** **For FY 2005**

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 2,290.00

## **Complete if Known**

Application Number	09/785,593
Filing Date	February 16, 2001
First Named Inventor	Joseph D. Gresser
Examiner Name	Paul B. Prebilic
Art Unit	3738
Attorney Docket No.	CSI 112-CON

## **METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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## **FEE CALCULATION**

### **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### **2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims** 24 - 24 or HP = 0 x = **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims** 1 - 3 or HP = 0 x = **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3

### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** - 100 = **Extra Sheets** / 50 = **Number of each additional 50 or fraction thereof** (round up to a whole number) x **Fee (\$)** = **Fee Paid (\$)**

### **4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition for Revival of Application (\$1,500); Request for Continued Examination (\$790)

**Fees Paid (\$)** 2290.00

## **SUBMITTED BY**

Signature	Registration No. 31,284	Telephone (404) 879-2151
Name (Print/Type) Patrea L. Pabst	(Attorney/Agent)	Date December 5, 2005

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